

(Print Name of Jobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(114	me of partnership, firm or co	orporation)		
18 Centre St	reet	Concord	NH	03301
Business Address: (S	irect)	(Town/City)	(State)	(Zip Code
(603) 225-7170 (Telephone)	(603)) 226-0165 (Fax)	e-mail_attys@bi	ancopa.com
	overs: (Choose one – fil ransactions which are n		r each client, OR you ma y one client).	y file a separate r
				C 11
			eporting date relative to the	tollowing chent:
NH Association	n of School Principa			
<u>OR</u>	(Full Name of Client as i	t appears on the Lobbyis	t Registration Form)	
		(including the lobbyist	's family), or the lobbying	firm listed below
IV. Date of Report Reports cover: acti	April 26, 2017		July 26, 2017 X: activity from 4/1/17 to 6/30/17	
	October 25, 2017 [] activity from 7/1/17 to 9/3	0/17 ac	January 31, 2018 [] ctivity from 10/1/17 to 12/31/	17
V. There have bee			nsactions made since the cretary of State's Office, Si	
If this box is checked, Concord, NH 03301.				
Concord, NH 03301.	nal reports are attached	l:		
Concord, NH 03301. VI. Check if additio	-		ddendum A- Fees and Ex	penses
Concord, NH 03301. VI. Check if additio If you have recei	ved fees or made expendi an honorarium or reimbu	itures, you must file A	ddendum A– Fees and Exist file Addendum B– Rep	-

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	oration: Bianco Profess	ional Association
Name of Client (leave b	olank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client); NH	Association of Sch	nool Principals	
Date of Report (check	one):		
April 26, 2017 🗆	July 26, 2017 🔀	October 25, 2017 🗆	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
l hereby swear or affirr complete to the best of			nt and each Addendum is true and
(Signature of lobbyist)	det		(Date)
Adam Schmidt			
(Print Name of lobbyist	.)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): NH Association of School Principals
Date of Report (check one):
April 26, 2017 □ July 26, 2017 🗷 October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum B(s) Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. (Signature of lobbyist) Karen Soucy
(Print Name of lobbyist)